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I.

CASES ILLUSTRATING THE METASTASIS OF DISEASE.

*Case 1st.—Gonorrhœa alternating with Bilious Remittent Fever.*

By LEWIS CAMPBELL, M.D., of Mouton, Alabama.

On the 23d of July, 1827, I was called by Mr. ——, who had been affected with gonorrhœa three years since ; and as he had been obliged to ride some distance every day on business, the symptoms were somewhat aggravated. He suffered greatly from ardor urinæ and chordee. The discharge of matter from the urethra was very profuse, and considerable general excitement was present. His bowels were freely opened with sulphur magnesia ; one drachm of balsam of copaiva was directed to be given three times a day, and a low diet enjoined. He obtained sudden relief of the ardor urinæ from this course ; but a profuse discharge of matter, and the retraction of the urethra, remained. His business calling him from home, he was under the necessity of riding some distance every day till the 26th, when he was attacked with a bilious remittent fever. During the evening he felt languid, sick at the stomach, &c. At eight in the evening he was attacked with a violent chill, followed by fever. During the chill the go-

norrhœal discharge was suddenly suppressed. On the morning of the 27th I found him entirely free from all the symptoms of gonorrhœa. He assured me he felt no inconvenience from that source.

The fever continued till the 30th. During this time he enjoyed entire exemption from the gonorrhœal symptoms. On the 30th, his general health being much improved since the preceding day, he escaped fever, but was again attacked with gonorrhœa and chordee. He was again put under treatment for those affections. His general health continued to improve till the 2d of August, when from exposing himself to the sun on a short ride in the heat of the day, the bilious symptoms returned ; and he then had chills and fever two days in succession. During the first chill the running was again suppressed ; and he was completely relieved from any uneasiness in the urethra during the continuance of the febrile symptoms. On the 4th he experienced exemption from fever and a return of gonorrhœa. His general health continued to improve from this period, though the affections of the urethra proved somewhat lingering. His stomach rejected the balsam in any form, and scarcely tolerated the presence of any medicinal substance whatever. Regimen and time effected a cure. Was the suppression of the gonorrhœa during the

fever, and its immediate return when the fever yielded, a mere coincidence? Or was it a metathesis of morbid action from the urethra to the stomach, and from the stomach to the urethra? If the latter, does it not favor the opinion of the physiological school relative to the non-specific nature of venereal affections?

*Case 2d.—Croup, followed by Colic, Convulsions and Inflammation, and terminating favorably.*

By F. R. GREGORY, M.D., of Lombardy Grove, Virginia.

I was called, some time last winter, to see an infant son of Mr. G. about three months old, laboring under a most violent catarrh, with some premonitory symptoms of croup. By the use of emetics, warm bath, a dose or two of oil, and the substitution of barley water for its usual diet, the catarrh and every symptom of croup were relieved. I left the child now convalescent, and was called the next day to see it with an attack of the colic, which for four or five hours resisted every means I could employ for its relief. I gave several doses of oil of butter and castor oil, laudanum, as well as Hoffman's anodyne, injections of barley water, and oil of butter and molasses combined; placed my patient in the warm bath, and applied blankets wrung out of hot water after taking him out. After persevering for some time in the above means, my little patient was relieved. On the next day he was again attacked with colic. I now inquired more particularly as to the cause of this second attack of colic, and learnt from the mother and nurse that the child had eaten nothing but cow's milk diluted, as

I had prohibited its mother's milk as diet, she being an unhealthy woman. Fearing that there might be some inflammation of the stomach and bowels, I examined the abdomen &c., but found that there was no tenderness on pressure, no fever, and no appearance of the tongue indicating such a state. It frequently occurs in our southern states, that the torpid and inactive state of the liver is the cause of frequent attacks of colic. Conceiving that such might be the case in the present instance, I commenced the treatment of this attack with a teaspoonful of oil and one grain of calomel combined; the medicine not operating sufficiently early, I gave an injection of barley water, and repeated it several times. The oil and calomel now operated pretty well, and produced two copious stools, the discharges resembling the curd of milk. Still the excruciating pain, evinced by rubbing the gums together, mournful cry and great restlessness, continued, and was at last followed by convulsions. I now placed the child in a warm bath, and after taking him out, applied the blankets as before; this afforded some relief. In about fifteen minutes after the blankets were removed, another convulsion came on; bath and blankets as before; convulsions went off; still no relief of the pain; gave five drops of laudanum, and repeated it twice in about twenty minutes; repeated the bath and applied the blankets as before. I was determined to continue their application till the pain was relieved; but in about twenty minutes my little patient seemed free from suffering. I now left the child, hoping he would continue to mend, but fearing the consequences of the laudanum he

had taken. On my visit the next day, I found him extremely ill, with inflammation of the stomach and bowels. Leeches could not be procured, and I was afraid to bleed from the arm; ordered injections of barley water, to be repeated five or six times during the day, and a teaspoonful of the oil of butter three times a day; barley water as diet. The child continued extremely ill for twenty-four hours, and I feared that the case would certainly prove fatal; his pulse had become almost imperceptible; there was squinting of one eye, pouting of the lips, &c. I now applied a blister over the whole abdomen, which remained on for hours without producing the least pain. This, with the other alarming symptoms, caused me to despair, and taking off the blister, I found the surface underneath unchanged. In a short time I again examined the part from which the blister had been removed, and found it red; vesicles soon appeared, reaction took place in the circulation, and the child seemed free from pain. I continued to give nothing but barley water as diet and medicine by the mouth, and ordered injections of it to be repeated four or five times a day. My suffering little patient continued to improve, and seemed perfectly well, with the exception of a hoarse dry cough, which was relieved by a watery solution of asafoetida.

I am aware that many will object to the management of the attack of colic, and will attribute the inflammation of the stomach and bowels to the large doses of laudanum and Hoffman's anodyne. Yet the milder plan had been pursued and had failed. In the management of both attacks of colic,

I commenced with laxatives and injections, and these failing, my practice was bolder and more energetic. It is my rule never to suffer a patient to die of a disease which I have a remedy to relieve, from the fear of the consequences of that remedy. The situation of a patient under such circumstances is like that of a man in the third story of a house on fire, when every engine has poured forth its water in vain, and the flames continue to advance and spread on every side. If he remains and trusts to the engines to subdue the flames, death is more certain than from injury which he may sustain by leaping from a window; and what Broussais *is* there that would not say to a man so situated, jump!—*N. A. Med. and Surg. Journal.*

## II.

### STATISTICAL VIEW OF THE FOUNDLING HOSPITAL AT PARIS.

We have translated the following article from a recent French journal. Though the statements it contains are somewhat too general in their character, they are still highly interesting in many points of view: they exhibit, in a very forcible manner, the influence of judicious management in the preservation of life, during the period of infancy.

From 1806 to 1828, the number of infants abandoned by their parents in Paris, was increased from 4238 to 5947 annually. With a few irregularities, for which it is not easy to account, the increase has been progressive; and, during later years, it has evidently been in proportion to the increase of population. The scarcity which prevailed in 1811, 1812, 1816

and 1817, occasioned the number of foundlings, during these four years, to be much greater than at any other period.

Previous to the year 1814, the mortality among these infants varied from 400 to 700 per annum; in 1814 it arose to 1000, and subsequently to 1300, 1400, 1500, and even 1600 each year. The causes of this mortality are easily explained. A great number of the infants brought to the hospital are feeble, or labor under some infirmity or disease. Formerly, with few exceptions, they were sent into the country to be nursed. The majority of them, not being in a condition to bear the journey, perished on the road, or in a few days after their arrival at the dwelling of the nurse. Hence the number that died in the hospital was inconsiderable.

Since, however, the management of the hospital has been confided (in 1814) to the *Sisters of Charity*, such infants as are feeble or diseased have been retained there, and properly nursed, until they were in a condition to support the fatigue of the journey. But while by this means many lives are saved, the mortality at the hospital has been necessarily increased, and, on the contrary, it has been considerably diminished among those placed at nurse.

The number of the latter, in 1812, was 4754 out of 5394 infants received at the hospital; while, in 1828, it was only 4022 out of 5497: that is to say, a proportionably less number by 840.

Following this comparison, we find that in 1812 there died, of the whole number at the hospital, 622; those at nurse were 3267, making a total of 3889; while in 1828,

the number of deaths at the former was 1444, and the number in the country only 2837,—in all, 4281.

The number of infants remaining alive at the end of each year has augmented annually: at the end of 1806 it was 5855, and it increased progressively, to the end of 1817, to 11,927. At the termination of 1818 it was 11,600, which was the period when the shameful abuses in the management of the institution were first detected. Under the reformed system, the number remaining annually was augmented, in 1820, to 12,333; in 1821, to 12,716; and since the complete reorganization of all the departments, the number remaining has increased successively, in 1822, to 12,962; in 1823, to 13,630; in 1824, to 14,152; and finally, in 1826, to 15,946.

This increase is not to be attributed merely to the greater number of infants abandoned by their parents each year, but especially to the greater number of lives preserved by the more judicious manner in which the institution is conducted. We may instance the care which is taken to have each infant properly vaccinated, soon after its reception; the daily inspection and superintendence exercised by the present overseers, with the assistance of the physicians; a better choice of nurses; the regular payment of the wages of the latter, in consequence of which they are enabled to pay more attention to the comforts of the infants placed in their charge; and generally, the very excellent regulations to which every department of the institution is now submitted.—*Journal of Health.*

## III.

## PORTION OF BONE LODGED FOR FORTY-EIGHT DAYS IN THE TRACHEA OF AN INFANT.

BY THOMAS STARR, M.R.C.S. &amp;c.

ON the 20th Sept. last, S. H. S. aged ten months, playing with a bone of a neck of mutton, which the nurse gave her whilst at dinner, put it into her mouth and detached a small portion, about the size of a large marrow-fat pea, which slipped into her windpipe, and produced violent coughing and irritation for about five minutes, when it ceased, leaving a noise in breathing like that produced by a saw. In the course of twenty-four hours, great difficulty of breathing, with constitutional irritation and cough, came on, which was subdued by the usual remedies. The same saw-like noise of breathing and some cough continued, but did not appear to give pain after the fourth day, the child's health and spirits after that time appearing as good as usual, except this constant wheezing.

On the 3d of November, upwards of six weeks after the accident, in consequence of a cold she took from going out into the air, violent irritation in the trachea, with cough, returned. A solution of tartarized antimony was given, and on the 7th, after a dose which produced vomiting and general relaxation, and whilst the nurse was briskly rubbing her throat with a volatile embrocation, the head being bent back over her lap, she was seized with a violent fit of coughing, and threw up the piece of bone, embedded in mucus, which had been retained forty-eight days in the

trachea. Her breathing almost immediately became natural, and the next day she was as well as ever. The piece of bone was very rough, of a triangular shape, the edges quite sharp.—*London Med. Gazette.*

## IV.

## BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

*Case of Cerebral Disorganization.  
Read to the Society by*

D. HUMPHREYS STOREY, M.D.

ON the afternoon of the 7th inst., I was called upon to visit the child of a laborer in Pleasant Street. The child, a boy four years and eight months old, had been sick from its birth: but the present difficulty was an incessant coughing, which the mother assured me had existed for at least three hours, without any interval, save a moment's cessation, from apparent exhaustion. To allay this symptom then was my object; which, when my next visit was made, at ten o'clock in the evening, I had the satisfaction of finding was accomplished. The debility of the child was so great, I feared it could not survive through the night. It died at five o'clock in the morning.

The following history of the case, together with the post-mortem examination, may not be thought altogether devoid of interest by this Society.

The second and third nights after the birth of the child, its parents were rendered anxious by its restlessness, shown by constant, irregular motions of limbs and frequent startings, as if in pain;—these, however, were re-

moved, by removal of meconium. —When about three months old, each time it awoke, a slight spasmodic affection appeared, which existed about five minutes. This symptom continued until it was weaned, which took place when it was *two years and a half old*. The mother tells me her child was a fine healthy-looking babe, and until within a year, was as large as children generally of its age;—it however *always* had a motion of the head from side to side, and an inability to support it in an erect position. It was (to use the expression of the mother) “extremely backward” in nursing, never taking the breast unless the nipple was put into its mouth. The bowels, before it was weaned, were in a pretty good state; they were opened several times weekly, and the discharges were not unnatural in their appearance. The child taking an aversion to the breast,—when, as I said before, it was *two years and a half old*,—which the mother could not overcome, was fed with milk and a small quantity of the softest and lightest bread. Its discharges from the bowels now became peculiar in their character, the feces passing but once in the week, and then in the form of irregular balls, hard, dry, and of a dark color. This state of the bowels continued till its death. Its discharges were, during its *whole life*, involuntary; or it gave no intimation of a desire to have an evacuation, never having spoken, except a *restlessness*, which upon these occasions was seldom absent. This *restlessness* would sometimes continue *two days* previous to an evacuation; and the mother thinks, during these periods, its sufferings

were great. *Urine*, like the *feces*, passed involuntarily, and imparted a color, resembling *burned coffee*, to all articles it touched.

After the child was weaned, the *spasms* with which it awoke disappeared, and violent convulsions of the whole body, as if from fright, frequently appeared, without any apparent *immediate* derangement of the stomach. The convulsions became more frequent, as well as more powerful, as it grew older;—the left foot and right hand were distorted by these convulsive efforts, and turned outwards. Until a short time previous to its decease, its usual quantity of food was from one quart to three pints of milk, and a small quantity of bread, daily. The *teeth* appeared at the usual time, but in a very short period would decay.

The senses were extremely defective, with the exception of *hearing*. The eyes, although apparently bright, were never known to be fixed upon any object for an instant, although the father had repeatedly endeavored to attract the attention of the child to some one point. The pupil of the eye was not affected by light. The mother thinks her child could distinguish neither the different odors of different substances, nor the peculiarities of taste. The sense of *hearing*, however, appears to have been unusually acute. The two first years of life, the child slept both forenoon and afternoon; but after that time, it slept only during the night, as if prevented by noises about it;—but the following anecdote proves that the sense of *hearing* was present and powerful:—About two years since, the father, after having returned from the labors of the day,

took his violin to amuse himself. The moment he began to touch its strings, this little unfortunate being appeared to be in extacies: its countenance brightened with a smile, and it seemed to be struggling to express its delight. When its father stopped to arrange the chords of the instrument, it as suddenly stopped its movements; and when, after continuing an hour in this state, it ceased with the music, the system was apparently almost exhausted with the effort.

About a year since, this child, without any premonition, was seized with an attack of coughing, which continued a whole afternoon, and left it very feeble. Soon after, it was attacked with canker in the bowels, from which it was not entirely freed for a fortnight. It never recovered its wonted state of health, but began to lose flesh immediately, and continued to fail until it died,—an object of extreme emaciation.

#### *Post-mortem Examination.*

Dr. Hale assisted me in the examination of the body after death. The *larynx* being opened, we found not only much *redness* of the mucous membrane, but a considerable quantity of purulent matter was observed. This appearance of the larynx, was a satisfactory cause of death, when the previous debility of the patient was considered: but, anxious to ascertain the causes of those derangements which had been perceived for so long a time in the system, the examination was continued. The *lungs* and *heart* presented no unusual appearances. The *peritoneum* was unusually tense, and completely undetached from the muscles

above it. The *stomach* was very much distended with flatus, and contained three or four ounces of a dark-colored fluid. *Small intestines* extremely contracted in their appearance, and entirely empty. The *large intestines* were much distended in some points, and as unusually contracted in others. The *rectum* contained several small balls of hardened feces, of a similar character to those above described. All the intestines presented this peculiarity,—an uncommon degree of *transparency*, and an *uniform absence of color*. The *mesenteric vessels*, however, were finely injected: the *glands* of the *mesentery* seemed slightly enlarged. The *bladder* was not opened, as the peculiarity of the color of the *urine*, was not learned until after the examination.

In removing the *integuments* from the *CRANUM*, we were struck with their slight adhesions to it, or rather with the great *flaccidity*, which enabled us to remove them without inconvenience. The *dura mater* adhered with much firmness to the *cranium* throughout its whole extent. In removing the *cranium*, several ounces of water were lost. The vessels of the *pia mater* were crowded with blood. The *posterior lobe* of the *right hemisphere* of the *cerebrum*, exhibited the peculiar appearance you may now perceive,—*a considerable loss of substance*. [Dr. S. here exhibited the *right hemisphere* of the *brain*, in the *posterior lobe* of which was a *cavity* about the size of an *English walnut*. Across this cavity was stretched a thick membrane, through which the Doctor had made an incision.] The vessels

of the membrane covering this part were extremely injected with blood, giving the whole a florid color; and the membrane enclosed within it a considerable quantity of coagulable lymph. The medullary portion of the *left ventricle*, when cut into, presented innumerable red points. The ventricles were filled with a fluid, which in a few moments coagulated. The surface of the cerebellum presented the same appearance as that of the cerebrum.

The *nerves* presented this peculiar appearance;—their surfaces were covered with small vessels much injected, giving a reticulated appearance. The vessels accompanying the nerves were also greatly injected. The medulla oblongata seemed much contracted, and the nerves arising from it presented the same peculiar appearance as those at the base of the cerebrum.

Boston, Jan. 1830.

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#### SKETCHES OF PERIODICAL LITERATURE.

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##### MEDICAL RESPONSIBILITY.

We remarked, in one of our late numbers, on the cruelty and injustice of making medical men answerable, in civil or criminal courts, for the success of their practice, or the correctness of their diagnoses. We then noticed that this odious feature of legislation is not peculiar to our own country, and we now see, with some surprise, that the same principle is inculcated in a court of justice in France, as recognised by her laws. To explain the proceedings alluded to, we translate four articles from the published codes of that country, which have been made to bear upon the interests of the medical profession.

**Code Civil. Act 1882.**—Every act of a man by which injury is occasioned to another, obliges him through whose fault the injury has happened to repair it.

**1883.**—Each one is responsible for the damage he has occasioned, not only by his act, but also by his negligence or his imprudence.

**Code penal. Act 319.**—Whoever, by want of skill, imprudence, inattention, negligence, or violation of rules, shall have involuntarily committed a homicide, or have been involuntarily the cause of one, shall be punished by imprisonment from three months to two years, and a fine of fifty to six hundred francs.

**320.**—If, from this want of dexterity or caution, have resulted only wounds or other injuries, the imprisonment shall be from six days to two months, and the fine from sixteen to an hundred francs.

The question how far the responsibility here recognised was applicable to medical men in the discharge of their profession, has been made the subject of considerable discussion abroad. It does not appear that any prosecution against medical men took place under these acts until recently; and as the individual accused was acquitted of mal-practice, the question of the applicability of the law itself to medical men, is yet

undetermined. In a pamphlet published at Paris by M. Reynault, Advocate at the Cour Royale, this applicability is maintained as respects the articles of the civil code, while that of the others is admitted to be doubtful or untenable. On the other hand, it is asserted, with more show of reason, that these provisions all stand upon the same ground. In truth, the idea of any such liability is utterly at variance with every principle of justice. If the medical man is to be answerable in damages for the result of his practice, who is there, with anything to lose, that will incur such a hazard? No one surely will risk his fortune in a series of speculations, where he has continually the chance of utter ruin on the one hand, with nothing to counterbalance it but the chance of a fee. If it is answered that ill success and mal-practice are not identical,—how, we ask, is the distinction to be made? Are men out of the profession to be constituted the judges of the correctness of medical treatment? Even if reference is had to individuals in the profession, they cannot be supposed capable of estimating fairly the circumstances under which the defendant acted. Besides, some may be prejudiced against particular modes of practice, though perfectly justifiable in themselves, and others attached to the dogmas of a particular sect or school. There would, in fine, be but one criterion, and that the criterion of success. If this ground was taken, every case would be condemned; if not, all would be acquitted. It may be said that there are instances of such gross mal-

practice, that all would join in imputing them to stupidity or ignorance. Even such instances, however, are not subjects for legal cognisance, or offences deserving fine or imprisonment. The good intention of the offender,—his intention of conferring benefit and not inflicting injury,—ought to shield him from these; and the disgrace which public opinion visits on him will be more than sufficient, without adding to it the loss of his hard-earned fortune, or the incarceration of his person.

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#### ADULTERATION OF MILK.

WE have abridged, for the entertainment of our readers, an account of some curious researches into the method of detecting this species of fraud, made by a Mr. Barruel, in Paris. It will serve to show that, Mr. Accum to the contrary notwithstanding, the French are not materially behind their English neighbors in the art of poisoning their customers.

As milk is sold very high in Paris, it has been a great object to the venders to reduce its quality. For this purpose, they have employed water, obviating the diminution of flavor by adding sugar, and the change of color by moistened wheat flour. To prevent the deposition of the flour, which usually took place in about two hours, they previously boiled the mixture, which process enabled it to remain longer suspended. But the discovery of iodine, by furnishing the means of detecting the minutest quantities of starch, again foiled their hopes. A substance was

then to be sought which was capable of increasing the quantity without changing the color of milk, and the presence of which could not be detected by chemical agents. For this purpose, most of them have employed an emulsion of sweet almonds; while some, less scrupulous, have prepared a substance from the seeds of hemp.

The ingredient of milk which is known to maintain its proportion to the whole with the greatest uniformity, is the curd. It was therefore thought that to determine the fact and amount of adulteration, the proportion of this article would serve as a guide. To ascertain the truth of this supposition, four different specimens of milk said to be pure, and one known to be so, were treated with vinegar, with the aid of heat, and the curd carefully and thoroughly separated. The weight of this ingredient was, with little variation in any of the cases, one tenth of the whole weight of milk analysed. To equal quantities of pure milk, were then added certain definite proportions of water; the analysis was repeated with these, and the curd obtained was still one tenth of the pure milk contained in the mixture. The inference then was, that where pure milk has been weakened by water, the amount of the adulteration can be ascertained by very simple means, and with great exactness.

The next question was, how to obtain, from milk adulterated with water, the quantity of sugar which had been added to restore its taste. For this purpose, the last experiment was repeated, after having added to

the milk and water a small quantity of sugar. The amount of curd obtained was the same as before. The serum or whey being evaporated to the consistence of an extract, treated with boiling alcohol, filtered, and again evaporated, yielded the sugar which had been added in a separate state.

It then remained to discover another alteration of milk, namely, that which resulted from the emulsion of almonds. For this purpose, equal parts of milk and emulsion were mixed, the compound liquid coagulated, and the curd carefully removed. Its proportion to the pure milk was a little more than one tenth. Another mixture being made with one part of milk to two of emulsion, the milk furnished one tenth of its weight in curd.

Finally, a mixture resembling the last, to which a small quantity of sugar had been added, after having separated the serum by coagulation, was evaporated to the consistence of an extract. By treating this extract with boiling alcohol, it was found that the saccharine matter might easily be removed.

The curd obtained from the mixture of milk and emulsion may also be distinguished from that of pure milk by the following circumstance: —If left on the surface of white paper from one to two days, it communicates to it a greasy stain; whereas the curd from pure milk produces no such effect.

The ingenious author of this memoir concludes by recommending to the consideration of the public authorities the propriety of commis-

sioning three or four *pharmacien*s, for the different quarters of the city, with authority to examine the liquids offered for sale as milk whenever they might see fit. That such a system of inspection would there be attended with good effects, is by no means unlikely. Here we should probably find few *pharmacien*s willing to undertake so thankless and serious a responsibility, and fewer *laiteurs* willing to submit to it. Fortunately, the demand for such a surveillance with us is very small. Our milk, when adulterated at all, is generally mingled with pure pump water; and the mixture is neither very injurious to the health in its effects, or very embarrassing to the observer who seeks to detect its composition. We do not indeed believe that this species of fraud is very frequently practised, even on the poorest classes. We have as often had occasion to observe that the milk furnished to the poor was of excellent appearance and taste, as we have to suspect its deficiency; and we trust the good principles of our milk-dealers as effectually forbid their engaging in this nefarious traffic, as their general prosperity and success place them beyond the temptation.

by growth and acquire new proportions. Dr. R. has invented a kind of glasses which he thinks calculated to remedy this disease, when arising from other causes than the one just alluded to. The glass intended for the affected eye is rendered opaque by covering it with a black pigment. Two orifices are then made through it, one perpendicular to its surfaces, and the other crossing and bisecting the first, but at such an angle that its direction is parallel to the usual axis of vision of the distorted eye. The second perforation is not cylindrical, but diminishing towards the eye, and enlarging externally. The glasses are, of course, plane. The effect of this arrangement is readily conceived. The direct perforation affords a sufficient means to the eye of seeing objects in front, so that the utility of the organ is not diminished. The other forms a tube which, enlarging and becoming lighter toward its external part, attracts the notice of the eye, the axis of which is thus directed in a line the reverse of that of its usual diseased vision. The effect thus produced is continued until the morbid habit is overcome, and the eye is enabled to resume its appropriate functions.

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#### STRABISMUS.

DR. ROSSI, of Turin, thinks that this defect of vision, when it is congenital, is owing to the form of the orbit, the axis of which, instead of being perpendicular to the face, forms with it an acute angle. He accounts, upon this theory, for the fact, that congenital strabismus is often spontaneously cured as the parts increase

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#### PROTRACTED UTERO-GESTATION.

UNEQUIVOCAL proofs exist that the period of gestation has been prolonged for several weeks beyond the period usually assigned to it. From the many cases which have been adduced in evidence of this, we select the two following, which are not so remarkable for the amount of time by which the period was ex-

ceeded, as for having been accompanied by circumstances which determined exactly the time of impregnation. The cases are taken from the minutes of a meeting of the Westminster Medical Society, reported in the London Medical Gazette. The first occurred to Professor Desormeaux, of the University of Paris, who states it as follows:—

A lady, the mother of three children, became insane. Her physician considered that childbearing might have a beneficial influence on the mental disease, and permitted the husband to visit her, but under condition that it should be only once, and at the distance of three months, in order that, if conception took place, there might not be a chance of abortion, from the circumstance of any further intercourse. The physician and attendants made an exact note of the time when the husband was permitted to visit his lady.

When, at last, symptoms of pregnancy appeared, the visits were absolutely and totally discontinued. The patient was necessarily watched by the female attendants required for her malady, and was, moreover, a lady of the strictest principles of morality. She was delivered, at the termination of nine solar months and a fortnight, of a *small* child, and Professor Desormeaux delivered her.

The other case, which is related by Dr. Dewees, is as follows:—

The husband of a lady was obliged to absent himself from her, in consequence of embarrassment in his affairs. He returned one night clandestinely, and his solitary visit was only known to his wife, her mother, and Dr. Dewees. The consequence of this visit was conception, and the lady was delivered of a healthy child in nine months and thirteen days after that nocturnal visit.

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BOSTON, TUESDAY, FEBRUARY 9, 1830.

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#### USES OF THE ERGOT OF RYE.

IT is somewhat surprising that the faculty in Great Britain are so much behind us in the knowledge and application of this remedy. They are in fact just beginning to find out its power over the muscular fibres of the uterus, and remain still in uncertainty respecting the proper restrictions under which it should be used; —an uncertainty which has long since yielded, among physicians in this country, to definite and settled ideas of the good and bad effects it is capable of exerting on the parturient uterus.—In the previous peri-

ods of pregnancy, and in certain diseased actions of this organ, we want much more practical information. Under certain circumstances of menorrhagia, some have thought they have found it curative, whilst others extol its virtues as a remedial agent in amenorrhœa. In uterine hemorrhage, after abortion or in the latter months of pregnancy, some have given it with apparent success, whilst, in the hands of others, it has increased the discharge, and of still others, proved wholly inert. Thus great is the uncertainty existing *everywhere* respecting the entire capabilities of the *secale cornutum*. We

conceive however that, at the present day, no doubt can rest on the mind of any practitioner in this country, that ergot is an invaluable and perfectly safe accelerator of labor, when the presentation is natural, the os uteri fully dilated, the parts soft and in good condition, and the comparative dimensions of the foetal head and the subpubal outlet such as to promise a natural passage, but the action of the womb is tardy.

Given about the time of the completion of labor, it will in all cases effectually promote the speedy and entire expulsion of the placenta, and with great certainty prevent undue uterine hemorrhage. So well are these facts established, that we should consider it unpardonable in a practitioner to neglect its administration to persons who have previously suffered from that hitherto ungovernable and alarming hemorrhage which immediately precedes or follows the delivery of the secundines. Thus used, the ergot has never done harm.

Given to a female in labor, previous to the stage above specified, or under less favorable prospects of a natural birth, it produces continuous as well as powerful action of the uterus, and will, in the majority of cases, destroy the life of the child, by preventing those timely intervals from cranial compression which nature has so wisely provided.

By such haste in its administration, it is capable of endangering the life of the mother as well as her child, by the effects of the violence done to the parts, and, if the walls of the womb be morbidly attenuated, by causing their laceration.

Thus far we may consider the practical use of ergot thoroughly established and permanently limited; and there are few ways of filling a page in any medical work so uselessly as in recording cases in which these roles have been illustrated;—a kind of illustration sufficiently needed, it appears, in Europe, to find a place in almost every journal we receive. An ample field is still open, however, in the purposes before alluded to, and it becomes the faculty to set forth their experience on the subjects mentioned, with freedom and fulness. For ourselves, we doubt much if this medicine has any power over the *unimpregnated* uterus, if indeed it has any over that organ at all, excepting after the actual commencement of labor. We shall be happy, by well described cases, to have these doubts dissipated; but until such cases appear, we cannot believe our scepticism groundless.

If it be true that a medicine which, at ordinary periods, passes through the body regardless, as it were, of this single organ, does, if given when this organ is in distinguished action, produce a modifying effect on that action,—if the influence of a medicine is drawn to this part by its activity, it becomes an inquiry, whether there are not other articles in our *matéria medica* which might, at such a period, expend their power on this acting organ? This question has never, we believe, been proposed to the profession, and we have scarcely a hope that it may lead to any practical results. It may not be amiss, however, to state one or two facts by which it was originally suggested

to our own mind.—Attending on a female in whom most of the ordinary methods of inducing the uterus to expel the placenta proved unavailing, and desirous of testing the efficacy of different modes of practice, we administered, at the expiration of two days from the delivery of the child, a common dose of castor oil, hoping by its cathartic operation to excite the uterine efforts. In half an hour after giving the dose, and without any dejection from the bowels, the womb took on a vigorous intermittent action, and the secundines came away entire.

A few weeks after, we were called to Mrs. B., in labor. The pains were frequent, but not severe, and had continued so for several hours. Os uteri dilated to nearly the size of a dollar. After waiting an hour with no hope of immediate delivery, the patient was left with the usual directions. The second day the pains were about the same, and at 11 o'clock on the third day no alteration had taken place. For the purpose of stimulating the bowels, a spoonful of castor oil was ordered in a little molasses, and the patient was again left. In about half an hour, without any operation from the oil, the pains became suddenly more powerful and expulsive, but not continuous, and the child was born a little past 12, before we could reach the house.

The idea that in these cases the oil might have been the instrument of the changes described, could not but have glanced across the mind, and a few days after, meeting with a case lingering like the last, it was

administered as before; and it so happened, that in half an hour afterwards the pains became severe. We were sent for in haste, and reached the patient just in time to receive the infant.

These coincidences are related as an apology for suggesting the question above mentioned, and not as evidence that the affirmative of that question may be maintained. It is certainly a subject worthy of investigation, whether there is not in nature some article capable of invigorating the contractions of the uterus, and which does not, at the same time, render these contractions continuous.

#### THE SIAMESE AND SIR ASTLEY.

THE following is part of the account given by Dr. Reece of the visit paid to these twins by the great Lion of British Surgery, and other distinguished members of the Faculty.

The exhibition in a short time filled our mind with subjects for philosophical reflection; but our attention was soon diverted from it by the most amusing (often ludicrous) questions and observations of the physicians and metaphysicians, who thought themselves entitled to take a lead in the investigation. Some really supposed, that although each has a brain, there is only one sensorium;—that there is a vascular connection between the two hearts by means of the band;—that nutrition is conveyed from one to the other, and consequently that it is only necessary for one to take food. Some were of opinion that a division of the cord in the centre would be attended with no risk; while others considered the band in the light of an umbilical hernia, and consequently that a division would necessarily prove fatal.

When Sir Astley Cooper entered

the room, all crowded around him on tiptoe to hear *his* opinion. Sir Astley, after carefully examining the band, observed that it consisted chiefly of cartilage and skin. Mr. Thomas, the President of the College, with a significant smile, emphatically observed, "I am sure, Sir Astley, *you* would not hesitate to divide the band." Sir Astley smilingly replied, "Indeed I do not say that:—the partnership seems to be going on prosperously, and a dissolution of it would prove ruinous to their trade." After Sir Astley had acted his part, Sir Henry Halford,\* the President of the College, advanced to *look* at the band; but not one person attended him, or seemed desirous to hear *his* opinion. The only physiological observation he made was, that he thought his Majesty would like to see them! Sir Anthony Carlisle gave his opinion that the membrane lining the abdomen (peritoneum) extends through the band, and therefore a division of it would endanger life. Dr. Haslam seemed to contemplate their physiognomical and phrenological characters, and expressed regret that he could not ascertain their mental powers by conversation, in consequence of their being unacquainted either with the English, Greek, Latin, or the Hebrew language. All seemed to view the phenomenon with astonishment. The pleasing docility,—strong attachment to each other,—and the power of observation

they evinced on examining the furniture &c. of the room, and the delight they seemed to experience in answering interrogatories, gave such general satisfaction, that all seemed to feel a great interest in their welfare.

#### IODINE IN DROPSY.

The effect of this new medicine on the absorbents has been recently demonstrated by its agency in restoring to health a patient laboring under ovarian dropsy. The existence of the disease was proved by the previous eva-  
cuation, by paracentesis, of seven quarts of albuminous and purulent fluid. The tincture of iodine was then given, to the extent of thirty-six drops three times a day. The tumefaction rapidly subsided, and the patient was thoroughly cured.—This case is reported by Dr. Thompson, of London, and the disease was of three years standing.—We have given this tincture to a boy, in doses of 120 drops a day for several weeks, with no other effect than a gradual amendment of the general health, and a progressive healing of the serofulous ulcers, for the cure of which it was prescribed.

*Death of Dr. Armstrong.*—This distinguished lecturer and medical author recently died at his residence in London. Thus has he been arrested in the prime of life, and in the midst of the most successful professional career.

\* Sir Henry is Physician to the King.

#### WEEKLY REPORT OF DEATHS IN BOSTON, ENDING JANUARY 29.

Date.	Sex.	Age.	Disease.	Date.	Sex.	Age.	Disease.
Jan. 22.	M.	18 mo	lung fever		M.	4 yrs	dropsy in the head
	F.	2 yrs	consumption		F.	27	childbed
23.	M.	82	old age		F.	18	consumption
	M.	4 mo	lung fever	26.	F.	2	measles
	F.	70 yrs	old age	27.	F.	3	unknown
	M.	54	liver complaint		M.	42	disease of the stomach
24.	F.	45	intemperance		M.	56	consumption
	F.	26	apoplexy		F.	35	do.
25.	F.	3	lung fever		F.	3 w	infantile
	M.	29	unknown	28.	M.	13 mo	dropsy on the brain
	M.	43	do.	29.	M.	34 yrs	consumption

Males, 11.—Females, 11. Total, 22.

## ADVERTISEMENTS.

## NEW MEDICAL BOOKS.

JUST published, and for sale, by CARTER & HENDEE,—Malaria; an Essay on the Production and Propagation of this Poison. By JOHN McCULLOCH, M.D. F.R.S., &c. &c.

An Essay on the Diseases of the Internal Ear. By I. A. SAISY, M.D. Translated from the French, by NATHAN R. SMITH, M.D., Professor of Surgery in the University of Maryland; with a Supplement on Diseases of the External Ear, by the Translator.

Observations on the Utility and Administration of Purgative Medicines, in several Diseases. By JAMES HAMILTON, M.D., Fellow of the Royal College of Physicians, &c. &c. From the Fifth Edinburgh Edition.

A Treatise on Pathological Anatomy. By WILLIAM E. HORNER, M.D., Adjunct Professor of Anatomy in the University of Pennsylvania, Surgeon at the Infirmary, of the Philadelphia Almshouse, Member of the American Philosophical Society, &c.

Elements of Operative Surgery. Translated from the French of A. TAVERNIER, Doctor of Medicine of the Faculty of Paris, &c., with copious Notes and Additions. By S. D. GROSS, M.D.

A Treatise on the Nature, Cause and Treatment of Contagious Typhus. From the German of J. VAL DE HILDEBRAND, Imperial and Royal Counsellor, Professor of the Practice of Medicine in the University of Vienna, &c. &c. By S. D. GROSS, M.D.

An Essay on the Morbid Sensibility of the Stomach and Bowels. By JAMES JOHNSON, M.D.

Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Chemistry, Materia Medica, and Pharmacy. For the Use of Students. By ROBERT HOOPER, M.D.

Dec. 22.

**MEDICAL SCHOOL OF MAINE.**  
THE MEDICAL LECTURES at BOWDOIN COLLEGE will commence on TUESDAY, February 23, 1830. Theory and Practice of Physic, by JOHN DELAMATTER, M.D. Anatomy and Surgery, by J. D. WELLS, M.D. Midwifery, by JAMES McKEEN, M.D.

Published weekly, by JOHN COTTON, at 184, Washington St. corner of Franklin St., to whom all communications must be addressed, *postpaid*.—Price three dollars per annum, if paid in advance, three dollars and a half if not paid within three months, and four dollars if not paid within the year. The postage for this is the same as for other newspapers.

Chemistry and Materia Medica, by P. CLEAVELAND, M.D.

The ANATOMICAL CABINET is extensive, and very valuable.

The LIBRARY, already one of the best Medical Libraries in the United States, continues to be every year enriched by New Works, both foreign and domestic.

Every person becoming a member of this Institution, is required to present satisfactory evidence that he possesses a good moral character.

The amount of fees for admission to all the Lectures is \$ 50. Graduating fee, including diploma, \$ 10. There is no matriculating fee. The Lectures continue three months.

Degrees are conferred at the close of the Lecture term in May, and at the following Commencement of the College in September. A systematic course of instruction, embracing Recitations in all the branches of Medical Science, Demonstrations, and Lectures, will be given by the Professors, during the interval between the annual course of Lectures.

Boarding may be obtained in the Commons Hall at a very reasonable price.

Brunswick, Dec. 4, 1829.

Dec. 15.—4teop.

## DEWEES' PRACTICE.

JUST published and for sale by CARTER & HENDEE, A PRACTICE OF PHYSIC, comprising most of the Diseases not treated of in "Diseases of Females" and "Diseases of Children." By William B. Dewees, M.D., Adjunct Professor of Midwifery in the University of Pennsylvania, etc. etc.

"We live in an age in which the fear of debility causes a prodigal use of stimulants; and this too often at the expense of the health and the life of the patient." —*Broussais Phleg. Chron. Vol. 2, p. 82.*

"Had I dared to bleed freely, and especially by means of leeches, the patient might have been saved; but I was afraid of debility. But who is to blame?"

Feb. 2.

## AN ENGRAVING,

REPRESENTING the Perfect and Imperfect Cow Pox and the Chicken Pox, during their course, by J. D. Fisher, M.D. This day published and for sale by CARTER & HENDEE, cor. of Washington and School sts. Price 62 1-2 cts.

Jan 26.

